



State of Montana
DEPARTMENT OF CORRECTIONS
OFFENDER PREA ACKNOWLEDGEMENT

I, _____ (print name):

1. have received a copy of *DOC Policy 1.3.12, Staff Association and Conduct With Offenders*, *DOC Policy 1.1.17, Prison Rape Elimination Act of 2003 (PREA)*, and *DOC Policy 3.3.3, Offender Grievance Program*,
2. have read, or had these policies read to me, and understand the policies' terms and directives,
3. understand that I have a right to be free from sexual abuse, sexual harassment, and retaliation for reporting such incidents; and
4. have been informed how to report such incidents.

Offender Signature

DATE

Witness Signature

DATE